

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME John Black

8. (b) If veteran, name war Unk 8. (c) Social Security No. Unk

4. Sex Male 6. Color or race Negro 6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased June 7, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

9. Birthplace XXXXXXXX Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unk

MOTHER FATHER { 12. Name Ned Black
 18. Birthplace XXXX W Va
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ann ?
 15. Birthplace XXXX Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Flourence A. Spotts
 (b) Address 2601 N Whittier

17. (a) _____ (b) Date thereof 3/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. Risher

(b) Address 3500 Ruston

19. (c) MAR 29 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
 (d) Street No. 1439 Pendleton
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
 year 1940 hour 1:18 minute A M.

21. I hereby certify that I attended the deceased from
March 4, 1940 to March 8, 1940;
 that I last saw him alive on March 8, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & Hypertension 6-8 yrs
Duration

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature H. J. Lyman (M. D. or other) _____
 Address 2601 N Whittier Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.